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ABSTRACT

This paper describes how one non-profit organization is evaluating its effectiveness in providing services to adults with developmental disabilities. Kindcare, a non-profit ecumenical organization serves over 150 adults with developmental disabilities in the southeastern Wisconsin area. The program provides education, social, and support programs which encourage community integration and normalization of individuals with mental retardation through personalized professional and volunteer services. To measure the outcomes of the program, an evaluation team began by identifying the following inputs of the program: facilities, equipment, supplies, trained staff and volunteers, community linkages, grant dollars, donations, in kind donations such as theater tickets, and the availability of transportation. The activities provided were formal leisure education classes, organized community outings, informal guidance and counseling, and the provision of a drop-in center. Potential outcomes of the program were also identified: friendship, employability, self-advocacy, positive self-esteem, budgeting and use of money, and community integration. Preliminary findings of surveys of participants and their caregivers indicate that the provision of a drop-in center, as originally conceptualized, was not successful while other aspects of the program were. Evidence was found that the participants not only demonstrate the identified outcomes but that they continue to desire the support of the program. (CR)

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MEASURING PROGRAM OUTCOMES

By

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Measuring Program Outcomes

Kindcare is a non-profit ecumenical organization which serves over 150 adults with developmental disabilities in the southeastern Wisconsin area. It is a cooperative expression of Christian concern by the following congregations: American Baptist, Episcopal, Evangelical Lutheran Church in America, Lutheran Church-Missouri Synod, Roman Catholic, United Church of Christ, United Methodist, and Presbyterian. Since 1977 it has provided community integration through volunteer and corporate guardianship, one-to-one friendship programs and day service programs as well as community education. Representatives of the seven religious denominations and at-large members comprise the board of directors which sets policy. An executive director directs the day-to-day operations of the organization. A paid staff supervise, coordinate and provide direct services.

Kindcare possesses a reputation as a vital service for people with developmental disabilities. Word-of-mouth and referrals through agencies have spread a positive image of Kindcare. These have yielded clients, volunteers and increased awareness among other agencies and service providers.

History and Organization

Kindcare, Inc. was incorporated on January 10, 1977 when a concerned group of individuals saw the need for guardianships and friendships for adults with mental retardation in the community.

The following mission statement has been adopted:

Kindcare, Inc., a non-profit ecumenical organization, serves adults with developmental disabilities, their families, caregivers and

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the public by providing education, social, and support programs which encourage community integration and normalization through personalized professional and volunteer services.

Programs

Sr. Gabrielle Kowalski, Ph.D., Professor of Special Education at Cardinal Stritch University is participating in the use of an evaluation model developed by United Way which differentiates outputs and outcomes. She and Dr. Fran Coffey Stanat, a faculty member at the University of Wisconsin-Milwaukee, are applying the model to a federally funded integrated community recreation and leisure program for persons with developmental disabilities operated by Kindcare, Inc. Agency staff and graduate students participate in the project.

Lack of companionship is often a major obstacle for adults with developmental disabilities. Without friends a person feels isolated and has few options for sharing activities or interests. The integrated community recreation and leisure program was designed to promote socializing, to develop social networks among the participants, and to empower them to take an active role in planning and implementing their participation in the leisure and recreation activities available in the community.

To measure the program's outcomes the first step in the model is to differentiate between outputs and outcomes. A typical program model identifies inputs, identifies the activities provided, and identifies the outputs; the number of participants served, for example. This model adds to those components the identification of outcomes, the benefits to or changes in the participants as a result of the activities.

The Kindcare, Inc. evaluation team began in the traditional manner by identifying inputs – the resources available to the program. These included facilities, equipment, supplies, trained staff and volunteers, community linkages, grant dollars, donations in kind such as theater tickets, and the availability of transportation. The activities provided were formal leisure education classes, organized community outings, informal guidance and counseling and the provision of a drop-in center. The number of participants who began and continued in the program was the output measure.

Generating the specific outcomes was more difficult. A variety of sources were used. Among them were the original grant proposal

itself; surveys of families, caregivers, staff and volunteers; focus groups of participants, families, and caregivers; direct observation; and the use of professional sources such as the American Therapeutic Recreation Association. Outcomes were considered as initial (immediate), intermediate (next week or next month), or long-term (next year).

Once a list of potential outcomes had been identified the team constructed a logic model – an "if-then" sequence going from inputs to activities to outputs to outcomes. The process used was to ask each person on the team individually to list inputs, activities, outputs, and outcomes on post-it notes with a different color assigned to each category. When the group met, the logic model was physically constructed by placing the post-it notes on sections of the wall marked for each category. Redundancies were eliminated and concensus reached on what, in fact, was an outcome. The outcomes fell into the following categories: friendship, employability, self-advocacy, positive self-esteem, budgeting and use of money, and community integration.

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After the outcomes had been determined the team brain-stormed indicators for each. Indicators are specific, observable, measurable characteristics or changes. Indicators answer the questions: what does the outcome look like? How will I know it? They are measured in specific statistics, numbers, percentages, or gains against a numerical target. Interest is in program outcomes, not in individual outcomes. For example, in the category of communication indicators included such items as the number of times participants initiated greetings, responded to initiations, made eye contact and maintained appropriate personal space.

The next step was to identify the data collection sources and methods. For some indicators published and standardized instruments are available which are sensitive enough to measure subtle behaviors. For others the team decided on the following procedures: developing an interview protocol to be used with participants and their caregivers, observing and charting behavior, using information collected as part of the participants Individual Service Plan.

The evaluation team is currently in the process of data collection. The data will then be analyzed and presented. The agency anticipates using the information generated to improve this program by providing direction to staff, identifying unmet needs, incorporating the data into long and short-range planning, and developing the resources to continue those activities which have proven to be effective.

Preliminary findings indicate that: the provision of a drop-in center, as originally conceptualized, was not succesful while other aspects of the program were. We are finding evidence that participants not only demonstrate the identified outcomes but that they continue to desire the support of the program. Since that is the case the data will also be used externally to promote the program to potential participants and referral sources, to recruit sufficient staff and volunteers to maintain quality, to identify partners for collaboration, to enhance the public image of the program, and to generate funding to support it.

References

United Way of America. (1996). Measuring program outcomes: A practical approach. Alexandria, VA: Sales Service/America.